



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 141597 2. Name of Corporation BCD Enterprises, Inc
 3. Street Address Principal Business Office 1515 Elmwood Ave City Cranston State RI Zip 02910
 4. Business Phone No. 401-383-6363 5. State of Incorporation Rhode Island 6. SIC Code 7476
 7. Brief Description of the Character of Business Conducted in Rhode Island
Professional Window Cleaning

8. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>David Cotter</u> Street Address <u>1515 Elmwood Ave</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>	Vice President Name <u>Lori Cotter</u> Street Address <u>1515 Elmwood Ave</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>
Secretary Name <u>Lori Cotter</u> Street Address <u>1515 Elmwood Ave</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>	Treasurer Name <u>David Cotter</u> Street Address <u>1515 Elmwood Ave</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>David Cotter</u> Street Address <u>1515 Elmwood Ave</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>	Director Name <u>Lori Cotter</u> Street Address <u>1515 Elmwood Ave</u> City <u>Cranston</u> State <u>RI</u> Zip <u>02910</u>
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10. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<u>1000</u>	<u>Common</u>	<u>No Par</u>	<u>500</u>	<u>Common</u>	<u>No Par</u>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED
 File Date OCT 12 2005
 Check No. By M-79848
 By: _____
 FOR SECRETARY OF STATE USE ONLY CSA

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
David Cotter 10-7-05
 Signature of Officer Date
David Cotter
 Print or Type Name of Officer
President
 Title of Officer